MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) Lou (Last) Dean

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 2 - 50

9. AGE last birthday: 3 yrs. If under 1 year: Months 6 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Plata Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas E. Dean

14. MOTHER'S MAIDEN NAME: Doris M. Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Thomas E Dean Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-Pneumonia	1-3-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthmatic Bronchitis	death 1-4-50
	(c)	

2411 N
107

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30 1950, to 1-4 1950, that I last saw the deceased alive on 1-2 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

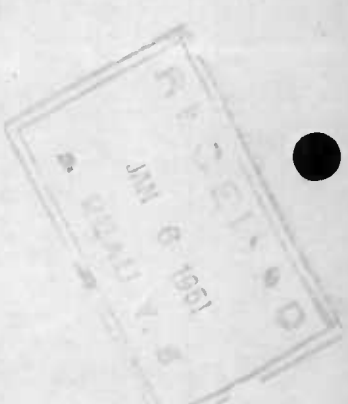
SIGNATURE: L. J. Edelen (Degree or title) M.D. ADDRESS: Leonardtown Md. DATE SIGNED: 1-4-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/5/51 — NAME OF CEMETERY OR CREMATORY: St Paul Cem — LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG.: 1-5-51 — REGISTRAR'S SIGNATURE: M L Moore

24. FUNERAL DIRECTOR: A Smith & Sons ADDRESS:

20702021 2383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JAN 6 1961

MARYLAND STATE DEPARTMENT OF HEALTH

0431

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Chas; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Marie (Last) Briscoe

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1951

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-12-50

9. AGE last birthday: yrs. 7 | If under 1 year: Months | Days 1 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Briscoe

14. MOTHER'S MAIDEN NAME: Dorothy Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lucille Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation — 1-3-51

924.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

182

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Became entangled in covers

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) Charles (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 19..., to Jan 3, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE L. J. Nelson (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 1-3-51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 1/4/51

NAME OF CEMETERY OR CREMATORY St Joseph

LOCATION (City, town, or county) Compton (State) Md

DATE REC'D BY LOCAL REG. 1-4-51

REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Hewitt & Robey ADDRESS

9/3170 940 990


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JAN 5 1951
U.S.

0432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Charles

City or town: Riverside

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Riverside

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Joyce Ann Keys

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 28 1950

8. AGE: Years — Months 5 Days 14 If less than one day ..... hrs. ..... min.

9. Birthplace: Riverside Odon Co. Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Rufus Key

13. Birthplace: Chas. Co. Md

MOTHER 14. Maiden name: Mary Louise Savoy

15. Birthplace: Aldie Va. Md.

16. Informant: Irene Savoy

Address: Grayton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 11 51 (month) (day) (year)

Cemetery or crematory: Oak grove

Location: Grayton Md

18. Funeral director: Rufus Key

Address: Grayton Md

19. Jan 11 1951 (Date rec'd by registrar) L V Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 11 1951 at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1951 to ..... 19..... and that I last saw h... alive on Jan 10 1951

Immediate cause of death	DURATION
Pneumonia	
Due to: Bronchial	
Due to:	
Other conditions	

491.2 107 (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Geo. C. Bicknell M. D. or other

Address: Marbury Md Date signed Jan 11 51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0433

Reg. Diat. No. 186

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: Pomonkey
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Pomonkey
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sarah Loggins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	widowed

6.(b) Name of husband or wife: Not known
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): ~~Not known~~ About 1863

8. AGE:

Years	Months	Days	If less than one day
87			..... hrs. ..... min.

9. Birthplace: Not known (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: own home

FATHER
12. Name: Not known
13. Birthplace

MOTHER
14. Maiden name: Not known -
15. Birthplace

16. Informant: George A. Young
Address: 128 Carrollsburg Pl. S.W. Wash. D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/6/51 (month) (day) (year)
Cemetery or crematory: Macedonia Baptist Church
Location: Bryans Road, Md.
18. Funeral director: Mathews & Barnes 614-4th St. S.W.
Address: Washington, D.C.
19. 1-3-51 (Date rec'd by registrar) M. E. Ramsome Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1951, at 4-25 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to Jan 2 1951
and that I last saw her alive on January 2 1951

Immediate cause of death	DURATION
Senility	
Due to	
Due to	
Other conditions Chronic Myocarditis 422.2	2 yrs
93d	

(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Lewis G. Swann M.D. (M. D. or other)
Address: Indian Head Date signed 1/3/51


FEB 9 1961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11434

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Chas. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) T. Leonard (Middle) (Last) Matthews

4. DATE OF DEATH: (Month) 1 (Day) 9 (Year) 1951

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M. | 8. DATE OF BIRTH Dec 11-1885 | 9. AGE last birthday 65 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St Road Comm
10b. KIND OF BUSINESS OR INDUSTRY Road Foreman
11. BIRTHPLACE (State or foreign country) St Mary Co
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William F. Matthews
14. MOTHER'S MAIDEN NAME Elizabeth Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Abagail Matthews wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis — Interval between onset and death: 2-11-50

Antecedent cause(s)

450.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

132

(b) Gen. Art. Sclerosis — 8-6-42

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1942, to 1-9, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at 8 45 P m., from the causes and on the date stated above.

SIGNATURE C. Madelaw (Degree or title) M.D ADDRESS La Plata Md DATE SIGNED 1-9-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/12/51 | NAME OF CEMETERY OR CREMATORY St Thomas | LOCATION (City, town, or county) Bolton (State) Md

DATE REC'D BY LOCAL REG. 1/11/51 | REGISTRAR'S SIGNATURE Julia H. Carey

24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf Md

52324

VS. A15


RECEIVED
JAN 15 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0435

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Charles; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Catherine (Last) Peterson

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 15 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse.

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Daniel Yanzer

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs. Annie Peterson, White Plains, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis — Interval Between Onset and Death: 11-10-50

Antecedent cause(s) (b) Arthritis — 1936

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

7252
132

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936 19..., to 1-29 ..., 19 51, that I last saw the deceased alive on 1-26 ..., 19 51, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE: C. Medalen (Degree or title): M.D. ADDRESS: Lochloa Md DATE SIGNED: 1-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Feb. 1, 1951

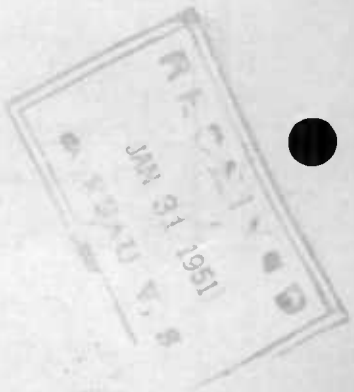
NAME OF CEMETERY OR CREMATORY: Union Cemetery

LOCATION (City, town, or county) (State): Slatington, Pa.

DATE RECD BY LOCAL REG.: 1/30/51

REGISTRAR'S SIGNATURE: Julia H. Veazey

24. FUNERAL DIRECTOR: Hunt & Ryon, Waldorf Md ADDRESS


JAN 31 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0435

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: Bonoaster
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Bonoaster
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Francis Alexander Skinner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	M

6.(b) Name of husband or wife: Susie Skinner
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Sept. 26, 1879

8. AGE:

Years	Months	Days	If less than one day
71	3	21	...hrs. ...min.

9. Birthplace: Bonoaster, Charles Co. Md
(Town, county, and state)
10. Usual occupation: Farming - Fishing
11. Industry or business:
FATHER 12. Name: George A Skinner
13. Birthplace: Charles Co. Maryland
MOTHER 14. Maiden name: Ellen (Mary) Maddox
15. Birthplace: Charles Co. Md.
16. Informant: Mrs. Susie Skinner
Address: Bonoaster Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 18 1951 (month) (day) (year)
Cemetery or crematory: Baptist
Location: Nanjemoy, Md.
18. Funeral director: Hulet & Ryon
Address: Waldorf, Md.
19. 1-16 1951 (Date rec'd by registrar) Dola Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16 1951, at 8 E M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
John 1950, to Jan 1951
and that I last saw h. im alive on Jan 14 1951

Immediate cause of death

	DURATION
Prostatic Carcinoma	
Due to	
Due to	
Other conditions	

177 x 51 b (Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C. Bicknell M.D.
M. D. or other
Address: Marbury Md Date signed: Jan 16, 51

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0437

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco; LENGTH OF STAY (in this place) Life; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) ~~ABBOTT~~ ALBERT (Last) WADE

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12/10/1883

9. AGE last birthday: 67 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Food Store

11. BIRTHPLACE (State or foreign country): Port Tobacco Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Wade

14. MOTHER'S MAIDEN NAME: Mary Frances Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Frank B. Wade, Port Tobacco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion (Thrombosis) 420.1	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Coronary Heart Disease 1240	7 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatic Cirrhosis (Portal) — 10 year

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to Jan. 16, 1951, that I last saw the deceased alive on Jan. 16, 1951, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE J. Farran Jarboe (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 1-16-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 1/18/51 — NAME OF CEMETERY OR CREMATORY: Mt. Rest — LOCATION (City, town, or county) (State): La Plata, Md

DATE REC'D BY LOCAL REG. 1/18/51 — REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hewitt & Ryon — ADDRESS: Waldorf, Md

290636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0438

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY St Mary
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rural Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Betty	Clyde	Williams		1	18	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	4-29-29	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. (KIND) OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Duty	Ala	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cecil J. Smith	Vera Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Griffin Williams Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5 **Immediate cause** (a) Compound fracture of skull — 1-18-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
170C (b) fractured neck, internal injuries

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Auto accident

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Highway	Rt 5 - Hughesville	Chas	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
1	18	51	4-6 pm.		Auto accident

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: C. Hedelson (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 1-18-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial + Removal	1/20/51	Smyrna Cem.	Heflin Alabama

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-19-51	M. L. Magruder	Hunt & Ryon	Waldorf Md
1-22-51	Julia H. Posey